

## NNMC

### *Proposed MEPRS Coding Guidelines*

#### **Introduction and Rationale for MEPRS Time Allocation**

In order to track the costs of the National Naval Medical Center in meeting its mission and objectives, NNMC must specifically identify the cost associated with key mission elements. If we are not careful to identify the time and resources devoted to non-clinical activities then we will appear to be less efficient in delivering medical care. Each of the mission elements below requires time away from the clinical mission. The general areas include:

- ❖ Providing force health protection
  - maintaining the readiness of NNMC staff and operations
  - maintaining the readiness of the active duty forces we serve;
  - supporting deployed forces during operations and contingencies;
- ❖ Training health care providers
  - continuing medical education
  - graduate medical education
- ❖ Conducting research
  - improvements in informatics
  - exporting advances in health care
- ❖ Accomplishing command functions which are military unique

The MEPRS template has been designed to allow each staff member and the chain of command to see how time is divided among the many tasks we perform during a month. The goal is to obtain a close estimate of the actual time devoted to each mission. Perfection is not required!!

#### **Administrative Time**

The following sections will describe the mission elements and the MEPRS codes we will use to allocate time. The definitions are mandated in official guidance but seem to apply well to our actual activities. One caveat is that the system is intended to attach time to a work center so that expenses can be linked with workload. Clinical care, readiness, research, and graduate medical education are all activities that produce a product. Each of those activities must be supported administratively. Thus, administrative time should be attributed to a work producing activity. For instance, administrative work and meetings that support patient care are attributed to the clinical code. Similarly, administrative time which supports readiness should be attached to a readiness code. Thus, the only "pure" administrative code for work which directly supports the command and benefits everyone at the command. (CDO Watch, Goal Teams, Special Advisors to the Commander).

GCA	Readiness training conducted locally – time attributed to operational or field exercise training carried out by the MTF(Local Training). <ul style="list-style-type: none"><li>• If on the USNS Comfort Platform, then 16 hours per month should be attributed to this code. (48 Hours per quarter for Fast Cruises/Training)</li><li>• Personnel assigned to other platforms should estimate the total time devoted to training for the platform duty.</li></ul>
GCB	Other Readiness training – time attributed to training for wartime mission for which TDY and/or TAD orders were issued. (Not Local Training)

**Loaned Labor**

MEPRS Code	Description
FCDA	Unit or Personnel Detailed in Support of Other Military Units <ul style="list-style-type: none"><li>• This is time allocated to WRAMC, Annapolis, Quantico, MGMC, etc. for people who are contributing time and providing services at another MTF.</li><li>• Each of the sites can have a different org code but all time should be attributed to FCDA.</li></ul>

**Clinical Services**

MEPRS Code	Description
Axxx	Inpatient Care
Bxx5	Ambulatory Procedure Visits*
Bxxx	Outpatient Care

**\*Ambulatory Procedure Visit (APV) time:**

*It is important to note that only Physicians may report time to the Bxx5 codes. All other personnel (including direct care paraprofessionals, corpsmen, nursing staff, etc.) must report time elsewhere. If the reporting area has its own Minor OR (Gastro, Urology, General Surgery, and Orthopedics) and the staff member actually worked in the minor OR, time should be reported to the appropriate DGA code. If the reporting area does not have a minor OR (for example, Cardiology) time should be reported to the appropriate outpatient "B" code (Cardiology = BACA, not BAC5).*

Finally, if you find that a code for time allocation is not on your template. (i.e. an OP clinic where some of your providers see patients), please note that on the template and it will appear on your next months template. We must be sure that time is allocated where clinical work is performed. If we don't do this then our cost per visit data (clinical efficiency) will be unreliable.

Any problems, please call LT Bills 295-1883 or LT Griepentrog 295-6078

**Research**

MEPRS Code	Description
FAOA	Should be used for those personnel who are devoting 100% of their time to research activities, usually research fellows.
FAHA Research	<p>Clinical Investigation Programs – is time attributed to formally approved programs and activities that enhance teaching and the organized inquiry into clinical health problems and promotes optimal healthcare delivery to the total military community.</p> <ul style="list-style-type: none"> <li>This is the code for staff members who are working on approved CID protocols, the time allocation should match the % time attributed to the project on the research proposal.</li> </ul>

**Graduate Medical Education and Professional Development**

MEPRS Code	Description
FAMA (Receiving GME, interns and residents)	<p>Student Expenses and Work Hours for Interns and Residents. Remember, interns are skill type 1N and residents are skill type 1R.</p> <ul style="list-style-type: none"> <li>Interns (PGY1 Residents) are 50% FAMA and 50% Other Codes. So if an intern is spending 200 hours in clinical care, 100 hours must go to FAMA and 100 hours must be distributed in codes.</li> <li>Residents (PGY2, 3, 4 Residents) are 30% FAMA and 70% Other Codes</li> </ul>
FAPA (Receiving GME, fellows)	<ul style="list-style-type: none"> <li>Fellows are 10% FAPA and 90% Other Codes</li> <li>Remember, fellows are skill type code 1F.</li> </ul>
EBE (Giving GME)	<p>GME Support – is time attributed to conducting and directing clinical graduate medical education.</p> <ul style="list-style-type: none"> <li>We are choosing to include clinical supervision and mentorship in this code.</li> <li>This should also be used for time devoted to preparing and delivering lectures and formal didactics.</li> <li>A staff physician in a department with residents could appropriately attribute 24-36 hours per month to this code.</li> </ul>
EBFA (Giving Continuing Health Education)	<p>Education and Training Program Support – is time attributed to conduct and support authorized training other than GME or in-service. This training would be for the purpose of helping individuals maintain their credentials and privileges. (ATLS, ACLS, BLS, or routine in-service training sessions.)</p>
FALA (Receiving Continuing Health or Professional Education)	<p>Time attributed to attending lectures or classes for the purpose of maintaining professional credentials or improving professional skills.</p> <ul style="list-style-type: none"> <li>JCAHO Training, Sexual Harassment, Customer Relations, Safety, BCLS</li> <li>3 Hours per month for all personnel.</li> </ul>

**Readiness**

MEPRS Code	Description
GFA	<p>Physical Readiness Training</p> <ul style="list-style-type: none"> <li>13 hours per month for all AD members (2.5 per week + 1 for Admin),</li> <li>If on remedial PRT then increase to 19 hours per month</li> </ul>

## Recommended Procedure for Completing Monthly Time Allocation

The following steps should be followed in order each month when you update MEPRS Time Allocation.

1. Check each name to ensure that the personnel are accurately assigned to both your service line and the correct service within the service line.
  - a. If any name of demographic data is incorrect, you must go to the personnel file for your directorate on the finserver and make corrections. After making corrections, send spreadsheet containing corrections to: [NNMC-SPMSUPATE@triadnhsda.med.navy.mil](mailto:NNMC-SPMSUPATE@triadnhsda.med.navy.mil)
  - b. If there are personnel that work in your service line but who were not included on the template, those people must report to manpower to provide their information to Mr. Boop. For the time being, you can leave those people off the template. They will appear on the template the following month.
2. Begin allocating hour for each person. We recommend that you start from the bottom of the spreadsheet and work your way up. Do not worry about any rows below "sick call".
  - a. All time should be reported as total hours per month.
  - b. Military personnel are assumed to work 50 hours per week or 220 hours per month. Thus, for military one week of sick call or leave would be 50 hours.
  - c. Some military personnel may work more or less than 220 hours per month. Please enter the actual time worked per month. **Please use whole hours, no decimals or fractions are accepted.**
  - d. Time should only be recorded for activities done in the hospital. Being on call from home should not be recorded according to MEPRS rules.
  - e. Military personnel can allocate their time to as many as ten service codes (MEPRS codes).
  - f. **Civilian personnel and Contractors** can now allocate their time up to 10 service codes.
  - g. **Civilians and Contractors** are assumed to work 40 hours per week or 160 hours per month divided between non-productive (leave, sick leave or TAD) and productive time (clinical or administrative time). Please include overtime hours. **Please use whole hours, no decimals or fractions are accepted.**
  - h. **Preferably use Red or Blue ink to make any necessary hour changes to the template. We need to be able to visibly see where the changes were made from previous to current month. Simply cross out old value and replace with new hours.**
3. In the description below, we have recommended hours per month for some of the readiness codes. These recommendations can be modified if an individual is spending more or less time in that activity.

NEW Changes

## Command Administrative Functions

MEPRS Code	Description
EBDA or EBCA	This code will be tied to the service line. It should be used for those clinical support activities that benefit more than one clinical area. This code should be used for the administrative activities of the Service Line Leadership Team.
EBBA (Command Functions)	Command – time attributed to performing overall command functions, such as CDO, OOD, NCOD, COD, AOD, FOD, and NOD. <ul style="list-style-type: none"> <li>Staff members who are on hospital committees can code their time here if the committee is not for the purpose of improving clinical care. (Time for medical records, ethics, P &amp; T etc should be coded to the staff members' primary clinical code.)</li> <li>Objective team time could be attributed to this code.</li> </ul>
FCBA	Guest Lecturer and/or Consultant Program – time attributed to those who serve as advisors to the Surgeons General and other senior staff and operational commanders.

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